



2644  
#4  
1/16/03

PTO/SB/122 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/950,042
	Filing Date	September 10, 2001
	First Named Inventor	Ian Rosenberg
	Art Unit	2644
	Examiner Name	N/A
	Attorney Docket Number	501012.20504

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 026418 →

Type Customer Number here

Place Customer  
Number Bar Code  
Label here

**RECEIVED**

<input checked="" type="checkbox"/> Firm or Individual Name	William H. Dippert					JAN 07 2003	
Address	Reed Smith LLP					Technology Center 2600	
Address	599 Lexington Avenue, 29th Floor						
City	New York	State	NY	ZIP	10022-7650		
Country	US						
Telephone	212-521-5400		Fax	212-521-5450			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	William H. Dippert
Signature	<i>William H. Dippert</i>
Date	December 30, 2002
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.